PTO/SB/17 (10-08)
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Under the P	respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						· · · · · · · · · · · · · · · · · · ·	10/577,309-Conf. #5180		
FEE TRANSMITTAL				_			anuary 19, 2007		
For FY 2009						Tatsuo ESAKI			
T 0111 2003				Examiner Name J. (J. C. Langman	C. Langman		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1794	794			
TOTAL AMOUNT OF PAYMENT (\$) 1,30		(\$) 1,300.0)0	Attorney Docket No.		1272-0124PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Charge any additional fee(s) or underpayments of									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEES									
Application T	ype Fee (\$	Small Entity	E00 /\$	Small Entity	Foo (\$)	Small Entity	Essa I	Daid (C)	
Utility	330	165	Fee (\$	<u>Fee (\$)</u> 270	Fee (\$) 220	<u>Fee (\$)</u> 110	Fees Paid (\$)		
Design	220	110	100	50	140	70		* · · · · · · · · · · · · · · · · · · ·	
Plant	220	110	330	165	170	•			
Reissue	330	165				85			
			540	270	650	325			
Provisional 220		110	0	0	0	0 .	· · · · · · · · · · · · · · · · · · ·	_	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
			ee Paid (\$)		/lultiple Depende				
4 -20 or HP x =				Fee (\$)			Fee Paid (\$)		
HP = highest num	ber of total claims paid for	, if greater than 20.		***************************************	, i			*	
Indep. Claims	Extra Claims	Fee (\$)	Fe	ee Paid (\$)	-			_	
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English	Specification, \$130) fee (no small en	tity disc	ount)					
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00									
1808 Processing fee, except in provisional applications 130.00 1252 Extension for response within second month 360.00*									
SUBMITTED BY		(1)		Pagistratics No.					
Signature	Toolers)	<u> </u>		Registration No. (Attorney/Agent)	42,874	Telephone	(703) 205	5-8000	
Name (Print/Type)	Craig A. McRobbi	е				Date	May 11.	2009	

^{*}An extenion of one (1) month was previously requested and paid for on April 10, 2009 in the present application. Thus, a fee of \$360.00 is required to obtain an additional one (1) month extension.